

Mail completed application to:
CHESTERFIELD COUNTY
Human Resource Management
P.O. Box 40
Chesterfield, Virginia 23832

Phone: (804) 748-1551
TDD: (804) 748-1222
Jobline: (804) 768-7777

*An Equal Opportunity Employer
Committed to Workforce Diversity*



*Providing a **FIRST CHOICE**
community through excellence
in public service.*

Requisition #

Job Title

Location:

This position is (check one):

☐ Full-Time ☐ Part-Time ☐ Temporary

Apply On-line at www.chesterfield.gov/jobs

PERSONAL INFORMATION (Please print legibly or type)

Last Name (include Sr., Jr., etc.)

First Name

MI

Social Security Number

Mailing Address

City

State

Zip

Home Phone #

Business Phone #

Alternate Phone #

Are you authorized to work in the United States?

☐ Yes

☐ No

Are you currently employed by Chesterfield County Government?

☐ Yes

☐ No

If previously employed, list dates:

From: _____

To: _____

Mo./Yr.

Mo./Yr.

Do you have relatives employed with Chesterfield Co. Government?

☐ Yes

☐ No

Name: _____

Department: _____

Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License #: _____

Issuing State: _____

Commercial License? ☐ Yes ☐ No Permit? ☐ Yes ☐ No

Types of License(s): _____

Expiration Date: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor? ☐ Yes ☐ No

If yes (felony or misdemeanor), please explain by stating type of offense, date and location:

EDUCATION

Name and location of last Elementary, Junior High, or High School attended: _____

Highest Grade Completed (1st-12th): _____

Do you have a Diploma or GED? ☐ Yes ☐ No

College Coursework

Name and Location	Dates Attended		Credit Hours Earned	Type of Degree or Certificate	Year Earned	Major/Minor Field of Study
	From (Mo/Yr)	To (Mo/Yr)				
Undergraduate						
Graduate						
Other: (i.e., Business, Vocational, etc.)						

Please list Certifications, Licenses, etc., that are applicable to this position:

SKILLS

Specify skills you have that are applicable to this position (i.e., equipment operation, specialized software, language interpretation skills, etc.): _____

☐ Typing/Keyboarding _____ wpm

☐ Personal Computer

☐ Shorthand
EMPLOYMENT AND RELATED EXPERIENCE

This information will be used to evaluate your experience with the qualifications required for this position and should be complete and accurate. **DO NOT INDICATE "See Resume"**. Please note that resumes may be attached for additional information but will not be used to evaluate your qualifications. **All documents submitted with application become property of Chesterfield County and will not be returned.**

LIST PRESENT OR LAST EMPLOYER FIRST

Job Title	Employer Name and Address	Dates Employed From: _____ To: _____ Mo./Yr. Mo./Yr.
Supervisor/Title		Telephone Number
Salary Start _____ per _____ Finish _____ per _____	Job Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Military <input type="checkbox"/> Temporary <input type="checkbox"/> Voluntary Number of hours worked per week: _____	

Description of Duties: _____

Reason for Leaving: _____
 (If currently employed, indicate reason you desire to leave)

Employer can be contacted for reference: ☐ Yes ☐ No

READ CAREFULLY BEFORE SIGNING

Certification of Application Information

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and I agree to hold Chesterfield County, its officials and employees harmless in that event.

Authorization to Obtain Background Check Information

I authorize Chesterfield County to conduct a background investigation in connection with my application for employment. This investigation may include information as to my criminal history, credit report, schools attended, Division of Motor Vehicles records, present/past employers, professional references, personal references, military records and other appropriate sources.

Criminal background checks will be conducted on all new full-time employees in addition to all new employees in part time safety sensitive, & juvenile services positions. Applicants in these categories will be required to submit to fingerprinting which will be forwarded to the Federal Bureau of Investigations.

I authorize the release of any information that Chesterfield County may request from the above sources. All information received by the County will only be used by the County in accordance with applicable law.

I understand that should I be offered employment, it will be contingent upon a successful drug test and/or criminal background investigation.

Interviews

I understand that if I am selected to be interviewed, the interview will not be considered the most important part of the employment process. I understand that the County generally considers past performance and references to be the most important indicators of future performance.

Employment at Will

If employed by Chesterfield County I understand that my employment is for no definite period of time and may be terminated at any time. I further understand that my employment with Chesterfield County is not pursuant to any contract, either expressed or implied and that I have no contractual rights by virtue of my employment.

Drug Testing Information

Chesterfield County is a drug free workplace. In accordance with the Federal Drug Free Workplace Act, Chesterfield County will require all applicants for full-time, part-time safety sensitive, and CDL positions undergo pre-employment drug testing.

ADA Notification

Under the Americans with Disabilities Act (ADA), I understand that I have the right to ask for reasonable accommodations at any stage of the employment process. It is my responsibility to contact the Department of Human Resource Management if reasonable accommodations are needed.

Applicant's Signature

Date

Position Applied For: _____ Requisition #: _____
Title: _____
Location: _____
(check one) ☐ Full-Time ☐ Part-Time ☐ Temporary

Name: _____ Social Security #: _____
Last First MI

Address: _____
City State Zip

Home Phone #: _____ Work Phone #: _____ Alternate #: _____

E-Mail Address _____

This information will be used to comply with the State and Federal Equal Employment Opportunity laws and related reporting requirements. This information will NOT be kept with your application for employment and will **NOT** be used for making employment decisions.

Date of Birth: _____

GENDER (Check one):

- ☐ Male
☐ Female

RACE (Check one):

- ☐ A – American Indian/Alaskan Native
☐ B – Black
☐ C – Caucasian
☐ R - Asian/Pacific Islander
☐ S – Hispanic
☐ O– Other

Definitions

American Indian (includes Alaskans)

Black (includes Jamaican, Bahamians and other Caribbeans of African but not Arabian or Hispanic decent)

Caucasian (includes Arabian)

Asian/Pacific Islander (includes Pakistanis and Indians)

Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)

VETERAN STATUS (Check one):

- ☐ Active Duty
☐ Active Reserve
☐ Disabled Veteran
☐ Inactive Reserve
☐ Retired Military
☐ Veteran (Other than Vietnam)
☐ Vietnam Veteran
☐ Not Applicable

CURRENT COUNTY EMPLOYEE: ☐ Yes ☐ No

Department : _____

DEFINITION OF DISABILITY: A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

“Physical or mental impairment” means (1) any physiological disorder or condition, cosmetic disfigurement or anatomical losses affecting one or more of the body systems, or (2) any mental or psychological disorder.

Do you have a disability? ☐ Yes ☐ No

HOW DID YOU HEAR ABOUT THE JOB (Primary source only):

- ☐ Cable TV
☐ Career Fair (location) _____
☐ County Employee (list name) _____
☐ County Internet
☐ Employment Opportunity Listing
☐ Job Line
☐ Internet (specify) _____
☐ Newspaper (specify) _____
☐ Personnel Agency
☐ Publication (specify) _____
☐ Radio (specify) _____
☐ Virginia Employment Commission

HUMAN RESOURCE MANAGEMENT USE ONLY:

☐ Walk-in

☐ Mailed

☐ Faxed